PAIENT	APPLI(Effective	EE DETI October 1	ERN , 20	MINATION 04	RE	ECC	ORD.		Applica		or Dock	
- نفر	CLAIM	S AS FILE	D - PART	1				SMALL	ENTITY			5/4	
TOTAL CLAIMS		(Cot	umn 1)		(Column 2)			TYPE		3	OR	SMA	IER THA LL ENTIT
								RATE	FE	E		RATE	
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC FE	F	\dashv	·^^		-
TOTAL CHARGEABLE CLAIMS		10	/O minus 20 =				ł	X \$ 9 =	-		OR		-1/-
NDEPENDENT CLAIMS		2	2 minus 3 = .						+	_	OR	X \$ 18	=
IULTIPLE DEPEND	PRESENT						X \$ 44 :			OR	X \$ 88	=	
If the difference		70m ontos				Ľ	\$ 150	=	_](OR	+ \$ 300	=	
					column 2		•	TOTAL		IJ	OR	TOTAL	9.50
920W	(Cotumn 1)	S AMENDE	D - PAR		(Column 3)			SMALL	. ENTIT	Y ()R		R THAN
$\begin{bmatrix} 1 & 1 \end{bmatrix}$	CLAIMS REMAINING AFTER AMENDMENT	1 .	HIGHE NUMB PREVIOU PAID F	ER	PRESENT EXTRA		1	RATE	ADDI			RATE	ADDITIONA
Total Independent	10	Minus		Ò	. /	r	1	(\$9=	FEE	\prec	_ }		FEF
Independent *	2	Minus		ξ_	-	ł	-		/	\dashv °	ŀ	X \$ 18 =	
FIRST PRESEN	TATION OF	MULTIPLE DE	PENDENT	Z AIN			\vdash	\$ 44 =	<u> </u>	√ °	R	X \$ 68 =	
							_	\$ 180 =		_ 9	P	\$ 300 =	
-20-07	(Column 1)		(Column	2)	(Cabuma a)			DIT. FEE			R ,	TOTAL DOIT, FEE	
	CLAIMS REMAINING		HIGHES	î	(Column 3)	l			4551	7	_		
	AFTER MENDMENT		PREVIOUS PAID FO	SLY	PRESENT EXTRA		Ľ	EATE	ADDI- TIONAL FEE	-		RATE	ADDI- TIONAL FEE
100.2	10	Minus	" Z0		° 0		X	\$9=		OF	٠ţ,	(\$ 18 =	
Independent *	2	Minus .	··· 3		= O		X	8 44 =		OF	┡	⟨\$88 =	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+\$	150 =		OR	┢	\$ 300 =	0
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(CLAIMS		(Column :	_	(Column 3)	_				_	~4	DOIT. FEE	
1	EMAINING AFTER ENDMENT		NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA		R	ATE	ADDI- TIONAL FEE] .		RATE	ADDI- TIONAL
Total *		Minus	**	=		ı	XS	9=		OR	Ļ	\$ 18 =	FEE
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ		50 =		OR OR	\vdash	\$ 88 = 300 =	
I the entry in antonia a	h lane 4					L		TAL T. FEE		OR	Ц,	OYAL	
f the entry in column 1 f the "Highest Number f the "Highest Number The "Highest Number P	Previously Pa Previously Pai	ld For in This s ld For in This c	PACE is less the	.50 JEN '20	, enter "20" ,						ADI	DIT. FEE	